Out-Of-State Travel Waiver Justification

000 320

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	2	Contact E-mail: Michele.F	Ridout@iowa.gov
Name of Person Attending:	George J. Maurer	Working Title: Executive	Director
Department: Department of	Education	Division/Bureau/Section:	Board of Educational Examiners
Will this trip require an overn	night stay outside of Iowa? No: 🗌 Yes: 🖂	(If No, you do not need this	waiver)
City (Cities) Traveling To:	Sacramento, CA	Dates of Travel: 6/2/11 - 6	6/8/11
		(If after June 30, 2011 - you	DO NOT need this waiver.)
Funding Source:	opriated State:%	Other: 100% If Other, Sp 0000 - you DO NOT need this	ecify: BoEE Fees waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc	\$2209.62
Does this Trip Require Execu	utive Council Approval for Conference/Convent	tion? No: 🗌 Yes: 🛛	19
If Yes, Have You Received A	pproval? No: Yes: If Yes, Date	: 4/18/11	
- R. H. W [1] [P. W. H. W.	red duties. (Cite the specific statute.)	<i>21</i>	
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
Dr. Maurer is the president of the NASDTEC Executive Board and his presence is necessary to officiate over the proceedings			
Department Director Signatu Department Director Printed	(TI FC)	Date: 5-3-11	

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 321

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	3	Contact E-mail: M	lichele.Ri	dout@iowa.gov
Name of Person Attending:			xecutive	
=				
Department: Department of	Education	Division/Bureau/Se	ection:	Board of Educational Examiners
Will this trip require an overn	ight stay outside of lowa? No: 🗌 Yes: 🖂	(If No, you do not nee	ed this w	raiver)
City (Cities) Traveling To:	Washington DC	Dates of Travel: 4	/27/11 to	4/30/11
		(If after June 30, 20)11 – you	DO NOT need this waiver.)
Funding Source:	priated State: $_$ % \square Federal: $_$ % \boxtimes (If the coding for the travel claim is appropriation	Other: 100% If Ot 0000 - you DO NOT no	ther, Spe	ecify: BoEE Fees waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Park	ing, etc)	\$332.00
Does this Trip Require Execu	utive Council Approval for Conference/Conventi	on? No: Yes	s: 🖂	
If Yes, Have You Received A	pproval? No: 🗌 Yes: 🛛 If Yes, Date:	3/21/11		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)				
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)				
Dr. Maurer is a member of the State consortium on Educator Effectiveness and part of the group invited by Director Glass to attend the summit. By meeting and forming communities of practice w/a shared goal of strengthening and supporting our educators, we can impact outcomes for each				
and every child. Per Director (Glass, the state has approved the registration fee the	at will cover most trav	vel (airfar	e and lodging).
Department Director Signatu	11,00	Date:		
Department Director Printed Name: Jason E. Glass				

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

Out-Of-State Travel Waiver Justification

000 322

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1	Contact E-mail:	Michele.R	idout@iowa.gov
Name of Person Attending:	Dr. Mary Lou Nosco	Working Title:	Consultan	t
Department: Department of I	Education	Division/Bureau	/Section:	Board of Educational Examiners
Will this trip require an overn	ight stay outside of lowa? No: 🗌 Yes: 🛛 ((If No, you do not a	need this v	vaiver)
City (Cities) Traveling To:	Washington	Dates of Travel:	-	
Funding Source: Appro	priated State:%	Other: 100% If	Other, Sp	cify: BoEE Fees waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal			
Does this Trip Require Execu	ntive Council Approval for Conference/Conventi	ion? No: 🗌 Y	'es: 🖂	
If Yes, Have You Received Ap	oproval? No: Yes: If Yes, Date:	2/14/11		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)				
Dr. Nosco works with alternatively prepared teachers wanting licensure in lowa. This conference will help to stay in touch with current trends				
and programs.				
Department Director Signatu Department Director Printed	14 - 61	Date:	. 3-11	
This form must be s	signed by a department head or agency director	r. Email a PDF of	the form to	executivecouncil@jowa.gov

Additional information to assist you in completing this form.

See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 323

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: Michele.Ridout@iowa.gov
Name of Person Attending: Beth Myers	Working Title: Attorney/Investigator
Department: Department of Education	Division/Bureau/Section: Board of Educational Examiners
Will this trip require an overnight stay outside of lowa? No: Yes:	(If No, you do not need this waiver)
City (Cities) Traveling To: Sacramento, CA	Dates of Travel: 6/2/11 - 6/8/11
	(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: Appropriated State:%	Other: 100% If Other, Specify: BoEE Fees ation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging,	Meals, Registration, Parking, etc): \$2235.62
Does this Trip Require Executive Council Approval for Conference/Con	vention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: 🗌 Yes: 🛛 If Yes, D	Date: 4/18/11
Reason for Travel Waiver (Select one)	*
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the significant program that will receive the cost savings or enhanced revenues a of the saving or revenues attributable to the travel.)	tate. (Cite the specific and provide an estimate
Has a benefit or potential benefit which significantly outweighs the current Executive Council Fact Sheet for qualifying criteria and prothe lines below. (If nonrefundable ticket is the justification, date or	ovide that information on f purchase is required.)
Ms. Myers is a committee member of Executive Board and is also a pre- been purchased.	esenter at the annual conference. Her nonrefundable ticket has already
\cap \circ	
Department Director Signature: Scan & Scan	Date: 5.3.11
Department Director Printed Name: Jason E. Glass	
This form must be signed by a department head or agency dir	rector. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 324

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: Chris Flynn	Norking Title: Conservation Officer
Department: Natural Resources	Division/Bureau/Section: Conservation&Rec/Law Enforcement/
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☑ (If	No, you do not need this waiver)
City (Cities) Traveling To: Bismarck, SD	Dates of Travel: June 12 - 16, 2011
Funding Appropriated State: Source: Fish and Game Trust Fund 100% Federal:% Down Color of the travel claim is appropriation 000.	00 - you DO NOT need this waiver.)
otal Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals,	Registration, Parking, etc): \$453.00
Ooes this Trip Require Executive Council Approval for Conference/Convention	? No: ☐ Yes: ☒
f Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date:	
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.) 481A, 482/	A, 483A, 321I, 321J
Has potential to bring cost savings or enhanced revenues to the state. (C program that will receive the cost savings or enhanced revenues and pro of the saving or revenues attributable to the travel.) Has a benefit or potential benefit which significantly outweighs the poten current Executive Council Fact Sheet for qualifying criteria and provide the line below. (If nonrefundable ticket is the justification, date of purcha	tial cost. See the
7	
Department Director Signature: La Male	Date: 5-09-11
Department Director Printed Name: ROGER LANDE	
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing this See Fact Sheet for more complete information.	form. Executive Council Approval
This waiver is required by HF45 from March 7 until June 30, 2011.	APPROVED
 If no overnight stay is required at a location out-of-state, the travel is 	s considered Executive Council
incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver	r is the previous MAY 0 9 2011
Thursday at 12:00 noon.	
If your travel requires both Executive Council approval and the waive due to a convention/conference, note that both processes must be exercisely. See Eart Sheet for further explanation.	rer justification completed

Out-Of-State Travel Waiver Justification

660 325

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	ribase answer an or the quest	Ons hated belov		
Number of People on Trip: 1		Contact E-mail:	Phil.Mc	Collum@iowa.gov, or IDB@iowa.gov
Name of Person Attending: Phi	il McCollum	Working Title:	Health	Professions Investigator
Department: IDPH		Division/Bureau	/Section	: Iowa Dental Board
Will this trip require an overnight	nt stay outside of lowa? No: 🗌 Yes: X (If	No, you do not r	need thi	s waiver)
City (Cities) Traveling To: Artic		Dates of Travel:		-6/16/2011 ou DO NOT need this waiver.)
Funding Source: Appropria	ated State:%	Other: 100% If	Other, S	Specify: Retained Fees §147.80 & 147.82
Total Projected Cost of Trip (Incl	lude Transportation, Mileage, Lodging, Meals,	Registration, Pa	rking, e	tc): \$2553.25
Does this Trip Require Executive	e Council Approval for Conference/Convention	n? No: 🗌 Y	es: X	
If Yes, Have You Received Appro	oval? No: X Yes: If Yes, Date:			
Reason for Travel Waiver (Selection Fulfills statutorily required	ct one) duties. (Cite the specific statute.)			
Has potential to bring cost program that will receive the of the saving or revenues a	savings or enhanced revenues to the state. (Context savings or enhanced revenues and properties and properties and properties and properties are travel.)	ite the specific ovide an estimate	e	
Current Executive Council I	penefit which significantly outweighs the poter Fact Sheet for qualifying criteria and provide to undable ticket is the justification, date of purct	that information	on	
The annual CSDC Technology Application Conference is an opportunity for CSDC (AMANDA) software users to obtain training and information about				
The AMANDA software. The Iowa Dental Board will be launching the AMANDA software for its new licensing database software later this spring. The training will allow staff to maintain and upgrade the software without requiring outside vendors to perform the work.				
	mariante meles Mulas Mulas			
	me: Mariannette Miller Meeks, MD	,		
Department Shooter i integrita	The Hardington Hills Hooke, He			
This form must be sign	ned by a department head or agency director.	Email a PDF of t	the form	to executivecouncil@iowa.gov
				Executive Council Approval
See Fact S	mation to assist you in completing this f Sheet for more complete information.	orm.		

- This waiver is required by HF45 from March 7 until June 30, 2011
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 326

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2				
Name of Person Attending: Lorinda Inman	Working Title: Executive Director			
Department: IDPH	Division/Bureau/Section: Nursing Board			
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)			
City (Cities) Traveling To: Chicago, IL	Dates of Travel: June 6 – June 9, 2011			
Funding Source: Appropriated State:%				
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	ls, Registration, Parking, etc): \$1,743.54			
Does this Trip Require Executive Council Approval for Conference/Convent	ion? No: ☐ Yes: ⊠			
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date: Reason for Travel Waiver (Select one)				
☐ Fulfills statutorily required duties (Cite the specific statute)				
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.				
The topics discussed are important issues with the Nursing Board and the ability to stay abreast of changes to National Regulations, Rules and Nurse				
License Compact with this conference focusing on the Nurse License compact and consumer protection.				
Department Director Signature Mariannetty Miller Neelson	D Date: 6/4/2011			
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov				

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED

Executive Council

Out-Of-State Travel Waiver Justification

000 327

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: sharon.dozier@idph.iowa.gov			
Name of Person Attending: Sharon Dozier	Working Title: Board Executive			
Department: IDPH	Division/Bureau/Section: APL Bureau of Professional Licensure			
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)			
City (Cities) Traveling To: Chicago, IL	Dates of Travel: June 7 – 10, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)			
Funding Source: Appropriated State:% Federal:% x Other:100% If Other, Specify:Retained fees (IA Code 147.82) (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)				
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mo	eals, Registration, Parking, etc): \$1418.16			
Does this Trip Require Executive Council Approval for Conference/Conve	ntion? No: 🗌 Yes: 🖂			
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date:				
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) At the request of the Board of Nursing Home Administrators, Ms. Dozier will attend on their behalf. This meeting targets examination				
security, a reciprocity initiative and models of best practice for complaint procedures. Each of these will impact the board's licensure and regulatory				
and regulatory procedures, includes potential cost savings to license applicants	and employers, and streamlines the board complaint procedures.			
Department Director Signature: narianutty Milie. 7	Zuli Date: 12 april 2611			
Department Director Printed Name: Mariannette Miller-Meeks, MD	_			
This form must be signed by a department head or agency direct	tor. Email a PDF of the form to executivecouncil@iowa.gov			

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no ovemight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council MAY 09 2011

Out-Of-State Travel Waiver Justification

000 028

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

7 704.00 47707707 411 07 411 07		
Number of People on Trip: 1	Contact E-mail: Harold.hommes@iowaagriculture.gov	
Name of Person Attending: Harold Hommes	Working Title: Marketing Section - EO2	
Department: Agriculture	Division/Bureau/Section: CPIS / Ag. Div. & Market Development	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: x	(If No, you do not need this waiver)	
City (Cities) Traveling To: Rock Island, IL (Quad Cities Area)	Dates of Travel: May 16, 17, &18 (If after June 30, 2011 – you DO NOT need this waiver.)	
Funding Source: X Appropriated State: 100 Federal: % [(If the coding for the travel claim is appropriation	Other:% If Other, Specify: 0000 - you DO NOT need this waiver.)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea		
Does this Trip Require Executive Council Approval for Conference/Convent	tion? No: X Yes: □	
If Yes, Have You Received Approval? No: \(\subseteq \text{Yes:} \subseteq \text{If Yes, Date}		
Reason for Travel Waiver (Select one) X Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) Department Director Signature: Bill Northey This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov		
 Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 201. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the widue to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation. 	APPROVED Executive Council MAY 0 9 2011	

Out-Of-State Travel Waiver Justification

000 329

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: Sheila.hanke@iowa.gov	
Name of Person Attending: 2	Working Title:	
Department: Cultural Affairs	Division/Bureau/Section: SHSI	
Will this trip require an overnight stay outside of lowa? No:	es: X (If No, you do not need this waiver)	
City (Cities) Traveling To: Mountain Creek, Alabama	Dates of Travel: May 2011—TBD by loan contract	
	(If after June 30, 2011 – you DO NOT need this waiver.)	
Funding Source: Appropriated State:% Federal: (If the coding for the travel claim is appro		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodgin	ng, Meals, Registration, Parking, etc): \$2,300 Total	
Does this Trip Require Executive Council Approval for Conference/C	Convention? No: X Yes:	
If Yes, Have You Received Approval? No: Yes: If Ye	s, Date:	
Reason for Travel Waiver (Select one) x Fulfills statutorily required duties. (Cite the specific statute.)	lowa Code 223-13.7(303) 13.7(2) Documentation and Care; 223-	
Has potential to bring cost savings or enhanced revenues to th	Provides security of objects and over site of objects which are entrusted to the State; Borrower is paying all associated costs	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) Courier for 2 Captured Confederate Flags to be loaned to the Confederate Memorial Park, Alabama. Oversee transportation and		
installation of flags in exhibit. Also provide opening remarks on behalf of the Museum.		
Department Director Signature: Department Director Printed Name: Way Cown	rie 4/26/11	

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

MAY 09 2011

Out-or otate Traver Trainer Trequest

Page 1 of 1

Out-Of-State Travel Waiver Justification

000 330

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Pete.Sixbey@lowa.gov	
Name of Person Attending: Pete Sixbey	Working Title: Museum conservator	
Department: Cultural Affairs	Division/Bureau/Section: Museum	
Will this trip require an overnight stay outside of lowa? No: Yes: x	(If No, you do not need this waiver)	
City (Cities) Traveling To: Chicago-Barry Bauman Conservation	Dates of Travel: May 9 and 10, 2011	
	(If after June 30, 2011 – you DO NOT need this waiver.)	
Funding Source: x Appropriated State: 100% Federal: _% [(If the coding for the travel claim is appropriation)	Other:% If Other, Specify:	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	als, Registration, Parking, etc): \$400.00	
Does this Trip Require Executive Council Approval for Conference/Conver	ntion? No: x Yes:	
If Yes, Have You Received Approval? No: Yes: If Yes, Date	e:	
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)		
Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel.)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) The State Museum has realized a savings of over \$100,00 over the last 7 years sending its paintings to be conserved to Barry Bauman Conservation		
1.	, /	
Department Director Signature:	Date: 4/24/11	
Department Director Printed Name: Mary Counte		

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered
 incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED

Executive Council

Out-Of-State Travel Waiver Justification

000 331

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the ques	tions listed below.
Number of People on Trip: 2	
Name of Person Attending: Mark Schuling	Working Title: Consumer Advocate
Department: Justice	Division/Bureau/Section: Office of Consumer Advocate
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: San Antonio, Texas	Dates of Travel: 6/26-6/28/2011
Funding Source: Appropriated State: Commerce Revolving Fund #0019 (If the appropriated state funds is 0% -) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals)	\$385.80 (Transportation); \$260 (Lodging); \$102 (Meals); \$395 (Registration); \$30 (Parking) =
Does this Trip Require Executive Council Approval for Conference/Conventi	
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute) lowa Co	de Section 475A.2 (2011) (See attachment)
Has potential to bring cost savings or enhanced revenues to the state (program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the pot the current Executive Council Fact Sheet for qualifying criteria and pro information on the lines below.	ential cost. See
Department Director Signature This form must be signed by a department head or agency director.	Censum Adviceto 5/2/1/ Date: 5/2/2011 T. Email a PDF of the form to executive council@iowa.gov
	Executive Council Approval
Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Thursday at 12:00 noon. If your travel requires both Executive Council approval and the wa due to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation.	is considered er is the previous APPROVED Executive Council MAY 0 9 2011

000 332

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Total	o: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
lumber of People on Tri		Working Title: Natural Resources Technician 1
lame of Person Attendir	ng: Bryan Daniels	Consensation Rec/Fisheries/Fish Culture
Department: Natural Re	esources	
Vill this trip require an o	overnight stay outside of lowa? No: 🗌 Yes: 🖂	(If No, you do not need this waiver)
City (Cities) Traveling To	o: Mt. Vernon, MO	Dates of Travel: 5/31/2011 -6/3/2011
ity (Cities) Havening in	. Inc. vol. or, w.	(If after June 30, 2011 – you DO NOT need this waiver.)
Source: Fish and	(If the coding for the travel claim is appropriation	Other:% If Other, Specify: on 0000 - you DO NOT need this waiver.)
otal Projected Cost of	Trip (Include Transportation, Mileage, Lodging, M	eats, Negladation, Calming, 1977
oes this Trip Require	Executive Council Approval for Conference/Conve	ention? No: 🛛 Yes: 🗌
f Yes, Have You Recei		
	(Colort and)	
(eason for I ravel walk	required duties (Cite the specific statute.) 455/	A.2, 456A.23, 481A.4
		ate. (Cité the specific
Has potential to b	receive the cost savings or enhanced revenues ar	nd provide an estimate
program that will	evenues attributable to the travel.)	WARTER TO THE PARTY OF THE PART
	otential benefit which significantly outweighs the Council Fact Sheet for qualifying criteria and pro f nonrefundable ticket is the justification, date of p	
	11/1	41-90-11
Department Director S	Signature: My hande	Date: 4-29-11
		Date: 4-29-11
1111 T. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Printed Name: ROGER LANDE	
Department Director I	Printed Name: ROGER LANDE	ector. Email a PDF of the form to executive council@jowa.gov
Department Director I This form m	Printed Name: ROGER LANDE ust be signed by a department head or agency dir	ector. Email a PDF of the form to executivecouncil@iowa.gov
Department Director I This form m	Printed Name: ROGER LANDE ust be signed by a department head or agency directly on a linformation to assist you in completing the second state of	g this form. Executive Council Approval tion.
This form m	Printed Name: ROGER LANDE ust be signed by a department head or agency directly a department head or agency directly and information to assist you in completing See Fact Sheet for more complete information to the NEAS from March 7 until June 30.	g this form. Executive Council Approval APPROVED Executive Council APPROVED Executive Council
This form m Addition This waiver is	oral information to assist you in completing See Fact Sheet for more complete information to assist you in completing required by HF45 from March 7 until June 30, stay is required at a location out-of-state, the	g this form. Executive Council Approval APPROVED Executive Council Executive Council Executive Council
This form m Addition This waiver is If no overnight	Printed Name: ROGER LANDE ust be signed by a department head or agency directly on all information to assist you in completing See Fact Sheet for more complete information arequired by HF45 from March 7 until June 30, stay is required at a location out-of-state, the stay is required at a location out-of-state.	g this form. tion. 2011. Executive Council Approval APPROVED Executive Council APPROVED Executive Council MAY 0 9 2011
This form m Addition This waiver is lif no overnight incidental and The Council m	Printed Name: ROGER LANDE ust be signed by a department head or agency directly on all information to assist you in completing See Fact Sheet for more complete information arequired by HF45 from March 7 until June 30, stay is required at a location out-of-state, the stay is required by the stay is required at a location out-of-state, the stay is required at a location out-of-state, the stay is required by the stay is required at a location out-of-state, the stay is required at a location out-of-state, the stay is required by the stay is required at a location out-of-state, and the stay is required at a location out-of-state, and the stay is required at a location out-of-state, and the stay is required at a location out-of-state, and the stay is required at a location out-of-state, and the stay is required at a location out-of-state, and the stay is required	g this form. tion. 2011. travel is considered waiver is the previous executive council@iowa.gov Executive Council Approval APPROVED Executive Council MAY 0 9 2011
This form m Addition This waiver is lif no overnight incidental and the Council management Director I	Printed Name: ROGER LANDE ust be signed by a department head or agency directly a fact that a department head or agency directly a fact that a department head or agency directly a fact that a department head or agency directly a fact that a	g this form. tion. 2011. travel is considered waiver is the previous the waiver justification executive council@iowa.gov Executive Council Approval APPROVED Executive Council MAY 0 9 2011
This form m Addition This waiver is a lift no overnight incidental and the Council m Thursday at 1.1 and 1.1	oral information to assist you in completing See Fact Sheet for more complete information by HF45 from March 7 until June 30, stay is required at a location out-of-state, the more waiver form needs to be submitted.	g this form. tion. 2011. travel is considered waiver is the previous the waiver justification executive council@iowa.gov Executive Council Approval APPROVED Executive Council MAY 0 9 2011

000 333

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	.1	Contact E-mail:	MELISSA.SPEED@DNR.IOWA.GOV
	Class Harris	_	
Name of Person Attending:	Glenn Harman	Working Title:	Environmental Specialist
Department: NATURAL RE	SOURCES	Division/Bureau	Conservation&Rec/Land&Waters/Rivers //Section: Program
Will this trip require an over	night stay outside of lowa? No: 🗌 Yes: 🛭	(If No, you do not	need this waiver)
City (Cities) Traveling To:	Prairie Du Chien, WI	The state of the s	04/18/2011-04/19/11
Funding Appropri Source: Fish & Game (If the cod		Other:% If	
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	als, Registration, Pa	arking, etc): \$89
Does this Trip Require Exec	utive Council Approval for Conference/Conven	tion? No: 🛛 Y	es:
If Yes, Have You Received A	Approval? No: Yes: If Yes, Date):	
Reason for Travel Waiver (S			
	ired duties. (Cite the specific statute.) 462B;	464A.11	
program that will receive of the saving or revenue	cost savings or enhanced revenues to the state we the cost savings or enhanced revenues and les attributable to the travel.)	provide an estimate	
current Executive Cour	ial benefit which significantly outweighs the poncil Fact Sheet for qualifying criteria and provide efundable ticket is the justification, date of pure	le that information	
****	25	·	
Department Director Signatu	ure: An Sund	Date:	27/11
Department Director Printed	Name: ROGER LANDE		•
This form must be	signed by a department head or agency directo	or. Email a PDF of t	the form to executivecouncil@iowa.gov
See F	nformation to assist you in completing the Fact Sheet for more complete information and by HF45 from March 7 until June 30, 201).	Executive Council Approval APPROVED
 If no overnight stay is 	required at a location out-of-state, the trave		Executive Council
	iver form needs to be submitted. ach Monday at 10:00 a.m. Deadline for wai	ver is the previous	MAY 0 9 2011
 If your travel requires 	s both Executive Council approval and the w conference, note that both processes must be		

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

a contract of the contract of	
Number of People on Trip: 2	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: GLENN HARMAN	Working Title: Environmental Specialist
Department: NATURAL RESOURCES	Conservation&Rec/Land&Waters/Rivers Division/Bureau/Section: Program
Will this trip require an overnight stay outside of lowa? No: ☐ Yes:	(If No, you do not need this waiver)
City (Cities) Traveling To: Moline, IL	Dates of Travel: 03/22/11-03/23/11
Funding Appropriated State: Source: Fish & Game Trust Fund 100% Federal: % (If the coding for the travel claim is appropria	(If after June 30, 2011 – you DO NOT need this waiver.) Other:% If Other, Specify: ation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, I	Meals, Registration, Parking, etc): 70.00
Does this Trip Require Executive Council Approval for Conference/Conv	vention? No: ⊠ Yes: □
If Yes, Have You Received Approval? No: Yes: If Yes, D)ate:
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) 462	
Has potential to bring cost savings or enhanced revenues to the significant program that will receive the cost savings or enhanced revenues a of the saving or revenues attributable to the travel.)	ate. (Cite the specific and provide an estimate
Has a benefit or potential benefit which significantly outweighs the current Executive Council Fact Sheet for qualifying criteria and prothe line below. (If nonrefundable ticket is the justification, date of	ovide that information on
a a	
Department Director Signature: Am Jane	Date: 4/27/11
Department Director Printed Name: ROGER LANDE	
This form must be signed by a department head or agency dire	ector. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing See Fact Sheet for more complete informat This waiver is required by HF45 from March 7 until June 30, 2	tion.
 If no overnight stay is required at a location out-of-state, the trincidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for vernices. 	waiver is the previous APPROVED Executive Council
Thursday at 12:00 noon. If your travel requires both Executive Council approval and the	e waiver justification MAY 0 9 2011

due to a convention/conference, note that both processes must be completed

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: NATE HOOGEVEEN	Working Title: Rivers Program Coordinator
Department: NATURAL RESOURCES	Conservation&Rec/Land&Waters/Rivers Division/Bureau/Section: Program
Will this trip require an overnight stay outside of lowa? No: ☐ Y	res: ☑ (If No, you do not need this waiver)
City (Cities) Traveling To: Moline, IL	Dates of Travel: 03/22/11-03/23/11
City (Gites) Havening 10. Monito, it	(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: Appropriated State: Fish & Game Trust Fund 100% Federal: (If the coding for the travel claim is app	% Other: % If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodg	ging, Meals, Registration, Parking, etc): 70.00
Does this Trip Require Executive Council Approval for Conference	/Convention? No: ⊠ Yes: □
If Yes, Have You Received Approval? No: Yes: H	Yes, Date:
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)	462B; 464A.11
Has potential to bring cost savings or enhanced revenues to program that will receive the cost savings or enhanced reven of the saving or revenues attributable to the travel.)	the state. (Cite the specific
Has a benefit or potential benefit which significantly outweight current Executive Council Fact Sheet for qualifying criteria at the line below. (If nonrefundable ticket is the justification, date of the council fact of the current executive Council Fact Sheet for qualifying criteria at the line below.	nd provide that information on
Department Director Signature:	Date: 4/27/11
Department Director Printed Name: ROGER LANDE	
This form must be signed by a department head or agen	ncy director. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in comp	eleting this form. Executive Council Approval
See Fact Sheet for more complete info	ormation.
 This waiver is required by HF45 from March 7 until June If no overnight stay is required at a location out-of-state, 	e 30, 2011. APPROVED
incidental and no waiver form needs to be submitted.	
The Council meets each Monday at 10:00 a.m. Deadlin Thursday at 12:00 noon.	ie for waiver is the previous MAY 0 9 2011

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

	P
Number of People on Trip: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: Alan Johnson	Working Title: Natural Resources Biologist
Department: Natural Resources	Division/Bureau/Section: Conservation&Rec/Fisheries/Research
* 15 T	
	Dates of Travel: 5/10/20014-5/13/2011 - 5/2/2011
City (Cities) Traveling To: Byron, OK	(If after June 30, 2011 – you DO NOT need this waiver.)
N	(If allef Julie 30, 2011 – you DO NOT Hood also water.)
Funding	6 Other:% If Other, Specify:
Source: Fish and Game Trust Fund 100% Federal:	iation 0000 - you DO NOT need this waiver.)
	(a)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging,	Meals, Registration, Parking, etc). \$200
Does this Trip Require Executive Council Approval for Conference/Con	vention? No: 🛛 Yes: 🗌
_ ·	No. of the second secon
If Yes, Have You Received Approval? No: Yes: If Yes,	Date:
Reason for Travel Waiver (Select one)	
	5A 2 456A 23 481A 4
Has potential to bring cost savings or enhanced revenues to the sprogram that will receive the cost savings or enhanced revenues	and provide an estimate
of the saving or revenues attributable to the travel.)	and provide an outlined
Has a benefit or potential benefit which significantly outweighs the current Executive Council Fact Sheet for qualifying criteria and puthe line below. (If nonrefundable ticket is the justification, date of	rovide that information on
My Tapole	1/2-1.
Department Director Signature:	Date: 4/27///
Department Director Signature.	Date:
Department Director Printed Name: ROGER LANDE	
This form must be signed by a denortment head or agency di	irector. Email a PDF of the form to executivecouncil@iowa.gov
This form must be signed by a department head of agoney of	noto: Linux at at a sister of the sister of
Additional information to assist you in completing	
See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30,	CYPO IN A CO
 This waiver is required by H-45 from March 7 until June 30, If no overnight stay is required at a location out-of-state, the 	travel is considered MAY 0 9 2011
incidental and no waiver form needs to be submitted.	4 4 2011
 The Council meets each Monday at 10:00 a.m. Deadline for 	r waiver is the previous
Thursday at 12:00 noon. If your travel requires both Executive Council approval and t	he waiver justification
due to a convention/conference, note that both processes m	nust be completed
separately. See Fact Sheet for further explanation.	Management on the Color of the

Out-Of-State Travel Waiver Justification

000 337

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

5_2 Xec_2 22 24 37 99	The state of the s
Number of People on Trip: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: Patricia L. Boddy	Working Title: Deputy Director
Department: Natural Resources	Division/Bureau/Section: Director's Office
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)
City (Cities) Traveling To: Rock Island, IL	Dates of Travel: May X-19, 2011
ony (ontoo) fractioning to	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State:% Federal:%	Other: 100% If Other, Specify: General Funds
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	eals, Registration, Parking, etc): \$450.00
Does this Trip Require Executive Council Approval for Conference/Conve	ention? No: 🖂 Yes: 🗌 Normal Job Duties
If Yes, Have You Received Approval? No: Yes: If Yes, Dat	ic.
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel.)	e. (Cite the specific d provide an estimate
Has a benefit or potential benefit which significantly outweighs the potential Executive Council Fact Sheet for qualifying criteria and provide line below. (If nonrefundable ticket is the justification, date of put Upper Mississippi River meetings on May 17-18, 2011 in Rock Island	ide that information on urchase is required.) d, Illinois. Meetings of the UMRBA, NECC, and EMP-CC, as
well as the Joint Session of NECC and EMP-CC. Agendas are post	ed on UMRBA's web site at www.umrba.org/meetings.ntm
Department Director Signature: 12 January Poster Director Printed Name: POSER LANDE	Date: 4-28-//
Department Director Printed Name: ROGER LANDE	
This form must be signed by a department head or agency direc	tor. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing t	this form. Executive Council Approval
See Fact Sheet for more complete information	
This waiver is required by HF45 from March 7 until June 30, 20	
 If no overnight stay is required at a location out-of-state, the traincidental and no waiver form needs to be submitted. 	voi is considered
The Council meets each Monday at 10:00 a.m. Deadline for was	aiver is the previous MAY 0 9 2011
Thursday at 12:00 noon.	
 If your travel requires both Executive Council approval and the due to a convention/conference, note that both processes must separately. See Fact Sheet for further explanation. 	

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2	Contact Email: cynthia.shipley@dot.iowa.gov
Name of Person Attending: Nathan R. Parker	Working Title: Mechanic
Department: Transportation	Division/Bureau/Section: Highway/Operations/Transportation
Will this trip require overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)
City(Cities) Traveling To: Monroe, Wisconsin	Dates of Travel: June 7-8, 2011
	(If after June 30, 2011 you DO NOT need this waiver.)
Funding Source: ⊠ Appropriated State: 100 % ☐ Federal: % ☐	Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Reg	gistration, Parking, etc): \$306.09
Does this Trip Require Executive Council Approval for Conference/Convention?	No: ☑ Yes: ☐
If Yes, Have you Received Approval? No: Yes: If Yes, Date:	·
Reason for Travel Waiver (Select One)	
Fulfills statutorily required duties (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state (Cite the program that will receive the cost savings or enhanced revenues and provide of the saving or revenues attributable to the travel.)	
Has a benefit or potential benefit which significantly outweighs the potential control current Executive Council Fact Sheet for qualifying criteria and provide that in the lines below. (If nonrefundable ticket is the justification, date of purchase is	formation on
Travel to Monroe, Wisconsin to inspect the new pilot snow plow trucks (model 7300) at M purchasing contract. The first truck built must be inspected to insure it is manufactured to inspected and approved, the remainder of the vehicles can be built.	Monroe Truck Equipment. These inspections are part of the
Department Director Signature: Milardron	Date: 4.25-11
Department Director Printed Name: Nancy J. Richardson	
This form must be signed by a department head or agency director. Em	nail a PDF of the form to executivecouncil@lowa.gov
Additional information to assist you in completing this form See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is conincidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver is the Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the waiver judue to a convention/conference, note that both processes must be completed. See Fact Sheet for further explanation.	APPROVED Executive Council MAY 0 9 2011 stification

000 339

Out-Of-State Travel Waiver Justification

This walver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact Email: cynthia.shipley@dot.iowa.gov
Name of Person Attending: Nathan R. Parker	Working Title: Mechanic
Department: Transportation	Division/Bureau/Section: Highway/Operations/Maintenance
Will this trip require overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City(Cities) Traveling To: Monroe, Wisconsin	Dates of Travel: June 28-29, 2011
	(If after June 30, 2011 you DO NOT need this waiver.)
Funding Source: Appropriated State: 100 % Federal:%	Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000	- you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Reg	gistration, Parking, etc): \$306.09
Does this Trip Require Executive Council Approval for Conference/Convention?	No: ⊠ Yes: □
If Yes, Have you Received Approval? No: Yes: If Yes, Date:	
Reason for Travel Waiver (Select One)	
Fulfills statutorily required duties (Cite the specific statute.)	π
Has potential to bring cost savings or enhanced revenues to the state (Cite the program that will receive the cost savings or enhanced revenues and provide of the saving or revenues attributable to the travel.)	700m 를 가야 있어지다
Has a benefit or potential benefit which significantly outweighs the potential control of current Executive Council Fact Sheet for qualifying criteria and provide that in the lines below. (If nonrefundable ticket is the justification, date of purchase is	formation on
Travel to Monroe, Wisconsin to inspect the new pilot snow plow trucks (model 7500 + mpart of the purchasing contract. The first truck built must be inspected to insure it is many vehicle is inspected and approved, the remainder of the vehicles can be built.	그 맛이 보고 있는 사람이 가는 사람이 되었다면 가는 그 그래요? 그 아이들은 사람이 되었다면 가장 그리고 있다면 하는 것이다.
Department Director Signature: Type Lachard	Date: 4.25.11
Department Director Printed Name: Nancy J. Richardson	
This form must be signed by a department head or agency director. Em	nail a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing this form See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is con incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver is the Wednesday at 12:00 noon.	sidered APPROVED

3/21/11

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip; 2	Contact Email: janet.vaughan@dot.iowa.gov
Name of Person Attending: Tim Nordholm	Working Title: Purchasing Agent 3
Department: Support Services	Division/Bureau/Section: Operations & Finance/Transportate
Will this trip require overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City(Cities) Traveling To: Monroe, Wisconsin	Dates of Travel: 06/07/11 - 06/08/11
	(If after June 30, 2011 you DO NOT need this weiver.)
Funding Source: Appropriated State: 100 % Federal: %	Other: % If Other Specific
(If the coding for the travel claim is appropriation 0000	- vou DO NOT need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Reg	
	The state of the s
Does this Trip Require Executive Council Approval for Conference/Convention?	No: Yes:
If Yes, Have you Received Approval? No: Yes: If Yes, Date:	
Reason for Travel Waiver (Select One)	3
Fulfills statutorily required duties (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state (Cite the program that will receive the cost savings or enhanced revenues and provide a of the saving or revenues attributable to the travel.)	specific in estimate
	-
Has a benefit or potential benefit which significantly outwelghs the potential co current Executive Council Fact Sheet for qualifying criteria and provide that inf	est. See the
the lines below. (If nonrefundable ticket is the justification, date of purchase is	ormation on required.)
Travel to Monroe, Wisconsin to inspect the new pilot snow plow trucks (model 7300) at M purchasing contract. We are required to inspect the first truck built to insure it is built to or rest of the vehicles can be built.	Onroe Truck Equipment Those inspections are part of the
Department Director Signature: Muchardan	Date: 4-2-11
	Date: 1-45.1
Department Director Printed Name:	The second secon
This form must be signed by a department head or agency director. Ema	ell a PDF of the form to executivecouncil@jowa.gov
Additional information to assist you in completing this form.	
See Fact Sheet for more complete information.	Executive Council Approval
This waiver is required by HF45 from March 7 until June 30, 2011.	
If no overnight stay is required at a location out-of-state, the travel is consincidental and no waiver form needs to be submitted.	idered APPROVED
The Council meets each Monday at 10:00 a.m. Deadline for waiver is the	
Wednesday at 12:00 noon.	14AV 0 0 0044
If your travel requires both Executive Council approval and the waiver just	ification MAY 0 9 2011
due to a convention/conference, note that both processes must be complete.	eted
separately. See Fact Sheet for further explanation.	

Out-Of-State Travel Waiver Justification

This walver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Walver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2	Contact Email: janet.vaughan@dot.iowa.gov
Name of Person Attending: Tim Nordholm	Working Title: Purchasing Agent 3
Department: Support Services	Division/Bureau/Section: Operations & Finance/Transportates
Will this trip require overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
Section (Control of Manager Control of Manager Cont	
City(Citles) Traveling To: Monroe, Wisconsin	Dates of Travel: 06/28/11 - 06/29/11
	(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: Appropriated State: 100 % Federal: %	Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 00	00 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, R	
Does this Trip Require Executive Council Approval for Conference/Convention?	
Reason for Travel Waiver (Select One)	
Fulfills statutorily required duties (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state (Cite to program that will receive the cost savings or enhanced revenues and provide of the saving or revenues attributable to the travel.) Has a benefit or potential benefit which significantly outwelghs the potential current Executive Council Fact Sheet for qualifying criteria and provide that in the lines below. (If nonrefundable ticket is the justification, date of purchase Travel to Monroe, Wisconsin to inspect the new pilot snow plow trucks (model 7500 + 1) of the purchasing contract.	cost. See the nformation on is required.)
of the purchasing contract. We are required to inspect the first truck built to insure it is the rest of the vehicles can be built.	
Department Director Signature: McCicliardian Department Director Printed Name:	Date: 4.25.11
Department Director Printed Name:	and the state of t
This form must be signed by a department head or agency director. Ex	nail a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing this form	n. Executive Council Approval
See Fact Sheet for more complete information.	l l l l l l l l l l l l l l l l l l l
 This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is contained. 	anidared
incidental and no waiver form needs to be submitted.	APPROVED
 The Council meets each Monday at 10:00 a.m. Deadline for waiver is the 	ne previous Executive Council
Wednesday at 12:00 noon.	MAY A A AAH
 If your travel requires both Executive Council approval and the waiver judie to a convention/conference, note that both processes must be completely. See Fact Sheet for further explanation. 	

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

	Contact Force No. decid learness Adet leave and
Number of People on Trip: 1	Contact Email: david.lorenzen@dot.iowa.gov
Name of Person Attending: Anthony Batcheller	Working Title: Lieutenant/MCSAP Coordinator
Department: Transportation	Division/Bureau/Section: Motor Vehicle/Motor Vehicle Enformer
Will this trip require overnight stay outside of lowa? No: \square Yes: \boxtimes	(If No, you do not need this waiver)
City(Cities) Traveling To: Indianapolis, IN	Dates of Travel: May 16-20, 2011
	(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: Appropriated State: 20 % E Federal: 80 %	Other: % If Other Specify:
(If the coding for the travel claim is appropriation 0000	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Regi	istration, Parking, etc): \$1,020.88
Does this Trip Require Executive Council Approval for Conference/Convention?	No: Yes:
If Yes, Have you Received Approval? No: Yes: If Yes, Date:	
Reason for Travel Waiver (Select One)	
Fulfills statutorily required duties (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state (Cite the program that will receive the cost savings or enhanced revenues and provide a of the saving or revenues attributable to the travel.)	specific an estimate
Has a benefit or potential benefit which significantly outweighs the potential common current Executive Council Fact Sheet for qualifying criteria and provide that interest the lines below. (If nonrefundable ticket is the justification, date of purchase is	formation on
Lieutenant Batcheller will attend the Midwestern Service Center's Safety Council Commethis training to develop and complete the federal mandated CVSP for fiscal year 2012.	ercial Vehicle Safety Plan (CVSP) planning session and will utilize
Department Director Signature: Whichardson	Date: 4.28.11
Department Director Printed Name: Nancy J. Richardson	
This form must be signed by a department head or agency director. Em	ail a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing this form.	. Executive Council Approval
See Fact Sheet for more complete information.	Excellent ocurrent approved
This waiver is required by HF45 from March 7 until June 30, 2011.	
 If no overnight stay is required at a location out-of-state, the travel is con 	sidered
incidental and no waiver form needs to be submitted.	
 The Council meets each Monday at 10:00 a.m. Deadline for waiver is th 	e previous
Wednesday at 12:00 noon.	APPROVED
 If your travel requires both Executive Council approval and the waiver just 	stification Executive Council
due to a convention/conference, note that both processes must be comp	MAY 0.9 2011